



Bilingual Pay Certification Request Form

This form must be completed and signed by the employee's supervisor, manager and department head and routed to your Payroll/Personnel Specialist (PRC) who will submit the form to the Human Resources (HR) Department for exam scheduling. ALL FIELDS BELOW ARE REQUIRED.

EMPLOYEE AND POSITION INFORMATION

REQUESTING DEPARTMENT: _____ DIVISION: _____

EMPLOYEE NAME: _____ EMP ID: _____ EMP PHONE NUMBER: _____

BEST DAY OF WEEK & TIME TO CONTACT: _____

JOB PROFILE: _____ EMPLOYEE LOCATION: _____

NAME OF SUPERVISOR: _____ PHONE NUMBER: _____

NATURE OF REQUEST: New Eligibility
Continuation of Eligibility (specify job change reason)
Promotion within same department
Promotion across budget unit
Transfer within same department
Transfer across budget unit
Outbound Department: _____
Other Reason, Please Specify: _____

LANGUAGE REQUIRED: Spanish Tagalog Mandarin Cantonese
Other Please Specify: _____

CHECK ALL THAT APPLY: Speak Write* Read*
*Written Exam will only be administered if over 50% of bilingual duties consist of reading and writing in the language to be certified.

JUSTIFICATION - Provide a brief but detailed summary of the nature and purpose of bilingual job duties. No response is grounds for rejection of request by HR.

I hereby certify that I have reviewed and approve of the request to submit the above-named employee for bilingual examination. I understand that should employee pass examination, he/she is entitled to bilingual allowance of \$70/biweekly.

NAME OF MANAGER: _____ SIGNATURE: _____

DATE: _____

DEPT HEAD OR DESIGNEE: _____ SIGNATURE: _____

DATE: _____

EXAM EVALUATION (EXAMINER ONLY)

Table with 3 columns: Evaluation Factors, Satisfactory, Unsatisfactory. Rows include Comprehension, Responses, Composition, and Communication.

NAME OF EXAMINER: _____ DATE OF EXAM: _____

SIGNATURE: _____ COMMENTS: _____

CERTIFICATION (HR ONLY)

The above-named employee is certified for Bilingual Differential Allowance. Effective date of allowance is: _____

BILINGUAL COORDINATOR NAME: _____ SIGNATURE: _____